

POSITION	INITIALS	ID NO.	DATE
	AS		04/10/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		16	41400
FORMALITY REVIEW	YC	70017	6-15-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/25/00
2	✓	✓	5/25/00
3	✓	✓	5/25/00
4	✓	✓	5/25/00
5	✓	✓	5/25/00
6	✓	✓	5/25/00
7	✓	✓	5/25/00
8	✓	✓	5/25/00
9	✓	✓	5/25/00
10	✓	✓	5/25/00
11	✓	✓	5/25/00
12	✓	✓	5/25/00
13	✓	✓	5/25/00
14	✓	✓	5/25/00
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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